

## **Federal and New York State Required Posters**

### Federal Required Posters - Table of Contents

- Employee Polygraph Protection Act – Page 2
- Equal Employment Opportunity Is the Law (EEOC) – Pages 3-4
- Fair Standards Act (FLSA) – Federal Minimum Wage – Page 5
- Family and Medical Leave Act (FLSA) – Page 6
- OSHA – The Occupational Safety and Health Act – Page 7
- The Uniformed Services Employment and Re-Employment Rights Act (USERRA) – Page 8
- IRS Notices of Withholding and Earned Income Tax Credit – Page 9
- Employee Payday Notice – Page 10

### New York State Required Posters - Table of Contents

- Blood Donation Leave – Page 11
- Division of Human Rights Unlawful Discrimination – Page 12
- Equal Pay Law – Page 13
- Fringe Benefits Notice – Page 14
- New York Correction Law – Page 15
- New York Minimum Wage – Page 16
- New York No Smoking and Clean Air Act – Page 17
- Paid Family Leave – Pages 18-19
- Right of Nursing Mothers to Express Breast Milk – Page 20
- Right to Know – Page 21
- Right to Vote – Page 22
- Unemployment Insurance Notice – Page 23
- Whistleblower Protection – Pages 24-26
- Workers' Compensation and Disability Benefits Law – Page 27-30
- Deductions from Wages Notice – Pages 31-32
- Notice of Electronic Monitoring – Page 33
- Sexual Harassment Prevention Policy Notice – Page 34
- Veteran Benefits & Services – Page 35

### Services Offered to YMCA Employees

- C&FS Employee Assistance Program – Pages 36-37
- YMCA Retirement Fund – Page 38

# EMPLOYEE RIGHTS

## EMPLOYEE POLYGRAPH PROTECTION ACT

**The Employee Polygraph Protection Act prohibits most private employers from using lie detector tests either for pre-employment screening or during the course of employment.**

### PROHIBITIONS

Employers are generally prohibited from requiring or requesting any employee or job applicant to take a lie detector test, and from discharging, disciplining, or discriminating against an employee or prospective employee for refusing to take a test or for exercising other rights under the Act.

### EXEMPTIONS

Federal, State and local governments are not affected by the law. Also, the law does not apply to tests given by the Federal Government to certain private individuals engaged in national security-related activities.

The Act permits polygraph (a kind of lie detector) tests to be administered in the private sector, subject to restrictions, to certain prospective employees of security service firms (armored car, alarm, and guard), and of pharmaceutical manufacturers, distributors and dispensers.

The Act also permits polygraph testing, subject to restrictions, of certain employees of private firms who are reasonably suspected of involvement in a workplace incident (theft, embezzlement, etc.) that resulted in economic loss to the employer.

The law does not preempt any provision of any State or local law or any collective bargaining agreement which is more restrictive with respect to lie detector tests.

### EXAMINEE RIGHTS

Where polygraph tests are permitted, they are subject to numerous strict standards concerning the conduct and length of the test. Examinees have a number of specific rights, including the right to a written notice before testing, the right to refuse or discontinue a test, and the right not to have test results disclosed to unauthorized persons.

### ENFORCEMENT

The Secretary of Labor may bring court actions to restrain violations and assess civil penalties against violators. Employees or job applicants may also bring their own court actions.

**THE LAW REQUIRES EMPLOYERS TO DISPLAY THIS POSTER WHERE EMPLOYEES AND JOB APPLICANTS CAN READILY SEE IT.**



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243  
TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)



WHI 462 REV 07/16



## Know Your Rights: Workplace Discrimination is Illegal

The U.S. Equal Employment Opportunity Commission (EEOC) enforces Federal laws that protect you from discrimination in employment. If you believe you've been discriminated against at work or in applying for a job, the EEOC may be able to help.

### Who is Protected?

- Employees (current and former), including managers and temporary employees
- Job applicants
- Union members and applicants for membership in a union

### What Organizations are Covered?

- Most private employers
- State and local governments (as employers)
- Educational institutions (as employers)
- Unions
- Staffing agencies

### What Types of Employment Discrimination are Illegal?

Under the EEOC's laws, an employer may not discriminate against you, regardless of your immigration status, on the bases of:

- Race
- Color
- Religion
- National origin
- Sex (including pregnancy and related conditions, sexual orientation, or gender identity)
- Age (40 and older)
- Disability
- Genetic information (including employer requests for, or purchase, use, or disclosure of genetic tests, genetic services, or family medical history)
- Retaliation for filing a charge, reasonably opposing discrimination, or participating in a discrimination lawsuit, investigation, or proceeding.

### What Employment Practices can be Challenged as Discriminatory?

All aspects of employment, including:

- Discharge, firing, or lay-off
- Harassment (including unwelcome verbal or physical conduct)
- Hiring or promotion
- Assignment
- Pay (unequal wages or compensation)
- Failure to provide reasonable accommodation for a disability or a sincerely-held religious belief, observance or practice
- Benefits
- Job training
- Classification
- Referral
- Obtaining or disclosing genetic information of employees
- Requesting or disclosing medical information of employees
- Conduct that might reasonably discourage someone from opposing discrimination, filing a charge, or participating in an investigation or proceeding.

### What can You Do if You Believe Discrimination has Occurred?

Contact the EEOC promptly if you suspect discrimination. Do not delay, because there are strict time limits for filing a charge of discrimination (180 or 300 days, depending on where you live/work). You can reach the EEOC in any of the following ways:

**Submit** an inquiry through the EEOC's public portal:  
<https://publicportal.eeoc.gov/Portal/Login.aspx>

**Call** 1-800-669-4000 (toll free)  
1-800-669-6820 (TTY)  
1-844-234-5122 (ASL video phone)

**Visit** an EEOC field office (information at [www.eeoc.gov/field-office](http://www.eeoc.gov/field-office))

**E-Mail** [info@eeoc.gov](mailto:info@eeoc.gov)

Additional information about the EEOC, including information about filing a charge of discrimination, is available at [www.eeoc.gov](http://www.eeoc.gov).





## EMPLOYERS HOLDING FEDERAL CONTRACTS OR SUBCONTRACTS

The Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) enforces the nondiscrimination and affirmative action commitments of companies doing business with the Federal Government. If you are applying for a job with, or are an employee of, a company with a Federal contract or subcontract, you are protected under Federal law from discrimination on the following bases:

### Race, Color, Religion, Sex, Sexual Orientation, Gender Identity, National Origin

Executive Order 11246, as amended, prohibits employment discrimination by Federal contractors based on race, color, religion, sex, sexual orientation, gender identity, or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

### Asking About, Disclosing, or Discussing Pay

Executive Order 11246, as amended, protects applicants and employees of Federal contractors from discrimination based on inquiring about, disclosing, or discussing their compensation or the compensation of other applicants or employees.

### Disability

Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals with disabilities from discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment by Federal contractors. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship to the employer. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

### Protected Veteran Status

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits employment discrimination against, and requires affirmative action to recruit, employ, and advance in employment, disabled veterans, recently separated veterans (i.e., within three years of discharge or release from active duty), active duty wartime or campaign badge veterans, or Armed Forces service medal veterans.

### Retaliation

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination by Federal contractors under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under OFCCP's authorities should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP)  
U.S. Department of Labor  
200 Constitution Avenue, N.W.  
Washington, D.C. 20210  
1-800-397-6251 (toll-free)

If you are deaf, hard of hearing, or have a speech disability, please dial 7-1-1 to access telecommunications relay services. OFCCP may also be contacted by submitting a question online to OFCCP's Help Desk at <https://ofccphelpdesk.dol.gov/s/>, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor and on OFCCP's "Contact Us" webpage at <https://www.dol.gov/agencies/ofccp/contact>.

## PROGRAMS OR ACTIVITIES RECEIVING FEDERAL FINANCIAL ASSISTANCE

### Race, Color, National Origin, Sex

In addition to the protections of Title VII of the Civil Rights Act of 1964, as amended, Title VI of the Civil Rights Act of 1964, as amended, prohibits discrimination on the basis of race, color or national origin in programs or activities receiving Federal financial assistance. Employment discrimination is covered by Title VI if the primary objective of the financial assistance is provision of employment, or where employment discrimination causes or may cause discrimination in providing services under such programs. Title IX of the Education Amendments of 1972 prohibits employment discrimination on the basis of sex in educational programs or activities which receive Federal financial assistance.

### Individuals with Disabilities

Section 504 of the Rehabilitation Act of 1973, as amended, prohibits employment discrimination on the basis of disability in any program or activity which receives Federal financial assistance. Discrimination is prohibited in all aspects of employment against persons with disabilities who, with or without reasonable accommodation, can perform the essential functions of the job.

If you believe you have been discriminated against in a program of any institution which receives Federal financial assistance, you should immediately contact the Federal agency providing such assistance.

(Revised 10/20/2022)

# EMPLOYEE RIGHTS UNDER THE FAIR LABOR STANDARDS ACT

## FEDERAL MINIMUM WAGE

# \$7.25

 PER HOUR

BEGINNING JULY 24, 2009

The law requires employers to display this poster where employees can readily see it.

### OVERTIME PAY

At least 1½ times the regular rate of pay for all hours worked over 40 in a workweek.

### CHILD LABOR

An employee must be at least 16 years old to work in most non-farm jobs and at least 18 to work in non-farm jobs declared hazardous by the Secretary of Labor. Youths 14 and 15 years old may work outside school hours in various non-manufacturing, non-mining, non-hazardous jobs with certain work hours restrictions. Different rules apply in agricultural employment.

### TIP CREDIT

Employers of "tipped employees" who meet certain conditions may claim a partial wage credit based on tips received by their employees. Employers must pay tipped employees a cash wage of at least \$2.13 per hour if they claim a tip credit against their minimum wage obligation. If an employee's tips combined with the employer's cash wage of at least \$2.13 per hour do not equal the minimum hourly wage, the employer must make up the difference.

### NURSING MOTHERS

The FLSA requires employers to provide reasonable break time for a nursing mother employee who is subject to the FLSA's overtime requirements in order for the employee to express breast milk for her nursing child for one year after the child's birth each time such employee has a need to express breast milk. Employers are also required to provide a place, other than a bathroom, that is shielded from view and free from intrusion from coworkers and the public, which may be used by the employee to express breast milk.

### ENFORCEMENT

The Department has authority to recover back wages and an equal amount in liquidated damages in instances of minimum wage, overtime, and other violations. The Department may litigate and/or recommend criminal prosecution. Employers may be assessed civil money penalties for each willful or repeated violation of the minimum wage or overtime pay provisions of the law. Civil money penalties may also be assessed for violations of the FLSA's child labor provisions. Heightened civil money penalties may be assessed for each child labor violation that results in the death or serious injury of any minor employee, and such assessments may be doubled when the violations are determined to be willful or repeated. The law also prohibits retaliating against or discharging workers who file a complaint or participate in any proceeding under the FLSA.

### ADDITIONAL INFORMATION

- Certain occupations and establishments are exempt from the minimum wage, and/or overtime pay provisions.
- Special provisions apply to workers in American Samoa, the Commonwealth of the Northern Mariana Islands, and the Commonwealth of Puerto Rico.
- Some state laws provide greater employee protections; employers must comply with both.
- Some employers incorrectly classify workers as "independent contractors" when they are actually employees under the FLSA. It is important to know the difference between the two because employees (unless exempt) are entitled to the FLSA's minimum wage and overtime pay protections and correctly classified independent contractors are not.
- Certain full-time students, student learners, apprentices, and workers with disabilities may be paid less than the minimum wage under special certificates issued by the Department of Labor.



WAGE AND HOUR DIVISION  
UNITED STATES DEPARTMENT OF LABOR

1-866-487-9243  
TTY: 1-877-889-5627  
[www.dol.gov/whd](http://www.dol.gov/whd)



WH1000 REV 07/16



# EMPLOYEE RIGHTS UNDER THE FAMILY AND MEDICAL LEAVE ACT

THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

## LEAVE ENTITLEMENTS



Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered service member's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the service member with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave.

Upon return from FMLA leave, most employees must be restored to the same job or one nearly identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

## ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

## REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

## EMPLOYER RESPONSIBILITIES

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

## ENFORCEMENT

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.



For additional information or to file a complaint:

# 1-866-4-USWAGE

(1-866-487-9243) TTY: 1-877-889-5627

## www.dol.gov/whd

U.S. Department of Labor | Wage and Hour Division





# Job Safety and Health IT'S THE LAW!

## All workers have the right to:

- A safe workplace.
- Raise a safety or health concern with your employer or OSHA, or report a work-related injury or illness, without being retaliated against.
- Receive information and training on job hazards, including all hazardous substances in your workplace.
- Request a confidential OSHA inspection of your workplace if you believe there are unsafe or unhealthy conditions. You have the right to have a representative contact OSHA on your behalf.
- Participate (or have your representative participate) in an OSHA inspection and speak in private to the inspector.
- File a complaint with OSHA within 30 days (by phone, online or by mail) if you have been retaliated against for using your rights.
- See any OSHA citations issued to your employer.
- Request copies of your medical records, tests that measure hazards in the workplace, and the workplace injury and illness log.

*This poster is available free from OSHA.*

**Contact OSHA. We can help.**






## Employers must:

- Provide employees a workplace free from recognized hazards. It is illegal to retaliate against an employee for using any of their rights under the law, including raising a health and safety concern with you or with OSHA, or reporting a work-related injury or illness.
- Comply with all applicable OSHA standards.
- Notify OSHA within 8 hours of a workplace fatality or within 24 hours of any work-related inpatient hospitalization, amputation, or loss of an eye.
- Provide required training to all workers in a language and vocabulary they can understand.
- Prominently display this poster in the workplace.
- Post OSHA citations at or near the place of the alleged violations.

On-Site Consultation services are available to small and medium-sized employers, without citation or penalty, through OSHA-supported consultation programs in every state.





# YOUR RIGHTS UNDER USERRA

## THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT RIGHTS ACT

USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service or certain types of service in the National Disaster Medical System. USERRA also prohibits employers from discriminating against past and present members of the uniformed services, and applicants to the uniformed services.

### REEMPLOYMENT RIGHTS

You have the right to be reemployed in your civilian job if you leave that job to perform service in the uniformed service and:

- ☆ you ensure that your employer receives advance written or verbal notice of your service;
- ☆ you have five years or less of cumulative service in the uniformed services while with that particular employer;
- ☆ you return to work or apply for reemployment in a timely manner after conclusion of service; and
- ☆ you have not been separated from service with a disqualifying discharge or under other than honorable conditions.

If you are eligible to be reemployed, you must be restored to the job and benefits you would have attained if you had not been absent due to military service or, in some cases, a comparable job.

### RIGHT TO BE FREE FROM DISCRIMINATION AND RETALIATION

If you:

- ☆ are a past or present member of the uniformed service;
- ☆ have applied for membership in the uniformed service; or
- ☆ are obligated to serve in the uniformed service;

then an employer may not deny you:

- ☆ initial employment;
- ☆ reemployment;
- ☆ retention in employment;
- ☆ promotion; or
- ☆ any benefit of employment

because of this status.

In addition, an employer may not retaliate against anyone assisting in the enforcement of USERRA rights, including testifying or making a statement in connection with a proceeding under USERRA, even if that person has no service connection.


### HEALTH INSURANCE PROTECTION

- ☆ If you leave your job to perform military service, you have the right to elect to continue your existing employer-based health plan coverage for you and your dependents for up to 24 months while in the military.
- ☆ Even if you don't elect to continue coverage during your military service, you have the right to be reinstated in your employer's health plan when you are reemployed, generally without any waiting periods or exclusions (e.g., pre-existing condition exclusions) except for service-connected illnesses or injuries.


### ENFORCEMENT

- ☆ The U.S. Department of Labor, Veterans Employment and Training Service (VETS) is authorized to investigate and resolve complaints of USERRA violations.
- ☆ For assistance in filing a complaint, or for any other information on USERRA, contact VETS at 1-866-4-USA-DOL or visit its website at <https://www.dol.gov/agencies/vets/>. An interactive online USERRA Advisor can be viewed at <https://webapps.dol.gov/elaws/vets/userra>
- ☆ If you file a complaint with VETS and VETS is unable to resolve it, you may request that your case be referred to the Department of Justice or the Office of Special Counsel, as applicable, for representation.
- ☆ You may also bypass the VETS process and bring a civil action against an employer for violations of USERRA.


The rights listed here may vary depending on the circumstances. The text of this notice was prepared by VETS, and may be viewed on the internet at this address: <https://www.dol.gov/agencies/vets/programs/userra/poster> Federal law requires employers to notify employees of their rights under USERRA, and employers may meet this requirement by displaying the text of this notice where they customarily place notices for employees.




**U.S. Department of Labor**  
1-866-487-2365



**U.S. Department of Justice**



**Office of Special Counsel**



**1-800-336-4590**  
EMPLOYER SUPPORT OF THE RESERVE'S CAREER ADVISOR

Publication Date — May 2022



cial situation changes.

**Exemption from withholding.** If you are not, complete **only** lines 1, 2, 3, 4, and 7 sign the form to validate it. Your exemption 009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 includes more than \$300 of unearned income (for example, interest and dividends) or (b) another person can claim the exemption on their return.

**Tax credits.** You can claim tax credits only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 1040 before completing this Form.

**Check your withholding.** To make sure you are having the right amount withheld, use Pub. 919, Withholding Calculator, to check your projected total tax for the year. This is especially if your earned income is \$100 (Single) or \$180,000 (Married).

**YOU MAY NEED TO**

# Check Your Withholding

**Since you last filed Form W-4 with your employer did you...**

- ▶ Marry or divorce?
- ▶ Gain or lose a dependent?
- ▶ Change your name?

**Were there major changes to...**

- ▶ Your nonwage income (interest, dividends, capital gains, etc.)?
- ▶ Your family wage income (you or your spouse started or ended a job)?
- ▶ Your itemized deductions?
- ▶ Your tax credits?

**If you can answer "YES"...** To any of these questions or you owed extra tax when you filed your last return, you may need to file a new Form W-4. See your employer for a copy of Form W-4 or call the IRS at 1-800-829-3676. Now is the time to check your withholding. For more details, get Publication 919, How Do I Adjust My Tax Withholding?, or use the Withholding Calculator at [www.irs.gov/individuals](http://www.irs.gov/individuals) on the IRS website.

**W-4**

Department of the Treasury  
Internal Revenue Service

Type or print your name

Home address (number and street)

City or town, state, and ZIP code

Total number of allowances claimed (see the applicable worksheet on page 2)

Additional amount, if any, to be withheld from each paycheck

I claim exemption from withholding because:

and I certify that I meet **both** of the following conditions for exemption

**IRS**  
Department of the Treasury  
Internal Revenue Service  
[www.irs.gov](http://www.irs.gov)  
Publication 213 (Rev. 8-2009)  
Cat. No. 11047P

Employer: Please post or publish this Bulletin Board Poster so that your employees will see it. Please indicate where they can get forms and information on this subject.

1-800-772-1213 for a representative

PAYDAY NOTICE	
<b>Regular Paydays for Employees of</b>	
YMCA Buffalo Niagara	
<i>(Company Name)</i>	
<b>Shall be as follows:</b>	
<div><input type="checkbox"/> Weekly    <input checked="" type="checkbox"/> Bi-Weekly    <input type="checkbox"/> Monthly    <input type="checkbox"/> Other _____</div>	
By: _____	Title: _____

## BLOOD DONATION LEAVE

Section 202-j of the Labor Law mandates that employers provide leave time to employees for the purpose of donating blood. The two types of blood donation leaves are Off-Premises Blood Donation and Donation Leave Alternatives.

**Compensation for Leave** - Leave granted to employees for off-premises blood donation is not required to be paid leave. Leave taken by employees for donation leave alternatives shall be paid leave given without requiring the employee to use accumulated vacation, personal, sick, or other already existing leave time.

**Off-Premises Donation** - Employees taking leave for off-premises blood donation shall be permitted at least one leave period per calendar year of three hours duration during the employee's regular work schedule. Employers are not required to allow off-premises blood donation leave under Labor Law § 202-j to accrue if it is not used during the calendar year. Leave granted to employees for off-premises blood donation is not required to be paid leave.

**Donation Leave Alternatives** - Leave for blood donation leave alternatives shall be given twice per calendar year and it shall be paid leave given without use of vacation, personal, sick, or other already existing leave accruals. Under the Donation Leave Alternatives, the donating of blood should be at a convenient time and place set by the employer. The time shall not be a time outside an employee's normal work hours nor shall the location be not reasonable travel distance for an employee. If an employee provides prompt notice that he or she is not or was not able to participate in a blood donation leave alternative because the employee is or was on leave (such as sick or vacation leave), and if as a result the employer has not provided the employee with the opportunity to participate in at least two blood leave alternatives during working hours in a calendar year, the employer must either make available another such alternative to the employee, or allow the employee to take leave to make an off-premises donation. Employees donating blood during a blood donation leave alternative must be allowed sufficient leave time necessary to donate blood, to recover, including partaking nourishment after donating, and to return to work.

Our company's blood donation will occur:

Please indicate time and place

Should you have any questions, please contact:

Human Resources Department

Please indicate administrator



## Division of Human Rights Unlawful Discrimination



**Division of  
Human Rights**

**1-888-392-3644  
WWW.DHR.NY.GOV**

THIS ESTABLISHMENT IS SUBJECT TO THE NEW YORK STATE HUMAN RIGHTS LAW (EXECUTIVE LAW, ARTICLE 15)

ESTE ESTABLECIMIENTO ESTÁ SUJETO A LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK (LEY EJECUTIVA, SECCIÓN 15)

**DISCRIMINATION BASED UPON AGE, RACE, CREED, COLOR, NATIONAL ORIGIN, SEXUAL ORIENTATION, MILITARY STATUS, SEX, PREGNANCY, GENDER IDENTITY OR EXPRESSION, DISABILITY OR MARITAL STATUS IS PROHIBITED BY THE NEW YORK STATE HUMAN RIGHTS LAW. SEXUAL HARASSMENT OR HARASSMENT BASED UPON ANY OF THESE PROTECTED CLASSES ALSO IS PROHIBITED.**

**LA LEY DE DERECHOS HUMANOS DEL ESTADO DE NUEVA YORK PROHÍBE LA DISCRIMINACIÓN POR EDAD, RAZA, CREDO, COLOR, ORIGEN NACIONAL, ORIENTACIÓN SEXUAL, ESTATUS MILITAR, SEXO, EMBARAZO, IDENTIDAD O EXPRESIÓN DE GÉNERO, DISCAPACIDAD O ESTADO CIVIL. TAMBIÉN ESTÁ PROHIBIDO EL ACOSO SEXUAL O EL ACOSO POR CUALQUIERA DE ESTAS CLASES PROTEGIDAS.**

**ALL EMPLOYERS (until February 8, 2020, only employers with 4 or more employees are covered), EMPLOYMENT AGENCIES, LABOR ORGANIZATIONS AND APPRENTICESHIP TRAINING PROGRAMS**

**TODOS LOS EMPLEADORES (hasta el 8 de febrero de 2020, solo los empleadores de cuatro o más personas), AGENCIAS DE EMPLEO, ORGANIZACIONES DE TRABAJO Y PROGRAMAS DE CAPACITACIÓN DE APRENDICES**

Also prohibited: discrimination in employment on the basis of Sabbath observance or religious practices; hairstyles associated with race (also applies to all areas listed below); prior arrest or conviction record; predisposing genetic characteristics; familial status; pregnancy-related conditions; domestic violence victim status.

Asimismo, está prohibida la discriminación en el empleo sobre la base de la observancia del Shabat o prácticas religiosas; peinados asociados con la raza (también se aplica a las áreas enumeradas a continuación) arresto previo o antecedentes penales; las características genéticas predisponentes; el estado civil; las condiciones relacionadas con el embarazo.

Reasonable accommodations for persons with disabilities and pregnancy-related conditions including lactation may be required. A reasonable accommodation is an adjustment to a job or work environment that enables a person with a disability to perform the essential functions of a job in a reasonable manner.

Es posible que sea necesario hacer acomodos razonables para personas con discapacidades y condiciones relacionadas con el embarazo incluyendo lactación. Un arreglo razonable es una adaptación a un trabajo o entorno laboral que permita que una persona con discapacidad realice las tareas esenciales de un trabajo de manera razonable.

Also covered: domestic workers are protected from harassment and retaliation; interns and nonemployees working in the workplace (for example temp or contract workers) are protected from all discrimination described above.

También están cubiertos: trabajadores domésticos están protegidos en casos acoso y represalias; internos y no empleados cuales trabajan en el lugar de trabajo (por ejemplo trabajadores temporarios o contratantes) están protegidos de toda discriminación descrita arriba.

**RENTAL, LEASE OR SALE OF HOUSING, LAND AND COMMERCIAL SPACE, INCLUDING ACTIVITIES OF REAL ESTATE BROKERS AND SALES PEOPLE**

**ALQUILER, ARRENDAMIENTO O VENTA DE VIVIENDA, TERRENO O ESPACIO COMERCIAL INCLUYENDO ACTIVIDADES DE AGENTE DE BIENES RAÍCES Y VENDEDORES**

Also prohibited: discrimination on the basis of lawful source of income (for example housing vouchers, disability benefits, child support); familial status (families with children or being pregnant); prior arrest or sealed conviction; commercial boycotts or blockbusting

También esta prohibido: la discriminación a base de fuente de ingreso legal (por ejemplo vales, beneficios de discapacidad, manutención de niños); estado familiar (familias con niños o en estado de embarazo); arresto previo o condena sellada; boicot comercial o acoso inmobiliario.

Reasonable accommodations and modifications for persons with disabilities may also be required.

También es posible que sea necesario realizar modificaciones y arreglos razonables para personas con discapacidades.

Does not apply to:

Excepciones:

- (1) rental of an apartment in an owner-occupied two-family house
- (2) restrictions of all rooms in a housing accommodation to individuals of the same sex
- (3) rental of a room by the occupant of a house or apartment
- (4) sale, rental, or lease of accommodations of housing exclusively to persons 55 years of age or older, and the spouse of such persons

- (1) alquiler de un apartamento en una casa para dos familias ocupada por el dueño
- (2) restricciones de todas las habitaciones en una vivienda para individuos del mismo sexo
- (3) alquiler de una habitación por parte del ocupante de una casa o apartamento
- (4) venta, alquiler o arrendamiento de alojamiento en una casa exclusivamente a personas mayores de 55 años y al cónyuge de dichas personas

**ALL CREDIT TRANSACTIONS INCLUDING FINANCING FOR PURCHASE, MAINTENANCE AND REPAIR OF HOUSING**

También se prohíbe: discriminación en vivienda sobre la base del estado civil (por ejemplo, familias con hijos).

**PLACES OF PUBLIC ACCOMMODATION SUCH AS RESTAURANTS, HOTELS, HOSPITALS AND MEDICAL OFFICES, CLUBS, PARKS AND GOVERNMENT OFFICES**

**TODAS TRANSACCIONES CREDITICIAS INCLUYENDO FINANCIAMIENTO PARA LA COMPRA, MANTENIMIENTO Y REPARACION DE VIVIENDAS**

Exception:

Age is not a covered classification relative to public accommodations. Reasonable accommodations for persons with disabilities may also be required.

**LUGARES DE ALOJAMIENTO PÚBLICO, COMO RESTAURANTES, HOTELES, HOSPITALES Y CONSULTORIOS MÉDICOS, CLUBS, PARQUES Y OFICINAS DEL GOBIERNO.**

Excepción:

La edad no es una clasificación cubierta respecto a los alojamientos públicos. Es posible que sea necesario realizar arreglos razonables para personas con discapacidades.

**EDUCATION INSTITUTIONS**

**INSTITUCIONES EDUCATIVAS**

All public schools and private nonprofit schools, at all education levels, excluding those run by religious organizations.

Todas las escuelas publicas y escuelas privadas sin ánimo de lucro, en todos los niveles, excluyendo escuelas dirigidas por organizaciones religiosas.

**ADVERTISING AND APPLICATIONS RELATING TO EMPLOYMENT, REAL ESTATE, PLACES OF PUBLIC ACCOMMODATION AND CREDIT TRANSACTIONS MAY NOT EXPRESS ANY DISCRIMINATION**

**PUBLICIDAD Y SOLICITUDES RELACIONADAS CON EL EMPLEO, LOS INMUEBLES, LOS LUGARES DE ALOJAMIENTO PÚBLICO Y LAS TRANSACCIONES CREDITICIAS NO DEBEN EXPRESAR NINGUN ACTO DISCRIMINATORIO**

If you wish to file a formal complaint with the Division of Human Rights, you must do so within one year after the discrimination occurred. The Division's services are provided free of charge.

Si desea presentar una demanda formal ante la División de Derechos Humanos, debe hacerlo dentro de un año desde que ocurra la discriminación. Los servicios de la División se ofrecen sin cargo.

If you wish to file a complaint in State Court, you may do so within three years of the discrimination. You may not file both with the Division and the State Court.

Si desea presentar una demanda ante el Tribunal Estatal, puede hacerlo dentro de los tres años desde que ocurriera la discriminación. No puede presentar una demanda ante la División y ante el Tribunal Estatal.

**Retaliation for filing a complaint or opposing discriminatory practices is prohibited. You may file a complaint with the Division if you have been retaliated against.**

**Se prohíben las represalias por presentar una demanda u oponerse a prácticas discriminatorias. Puede presentar una demanda ante la División si sufrió represalias.**

FOR FURTHER INFORMATION, WRITE OR CALL THE DIVISION'S NEAREST OFFICE. HEADQUARTERS: ONE FORDHAM PLAZA, 4TH FLOOR, BRONX, NY 10458

PARA OBTENER MÁS INFORMACIÓN, ESCRIBA O LLAME A LA OFICINA MÁS CERCANA DE LA DIVISIÓN. OFICINA CENTRAL: ONE FORDHAM PLAZA, 4TH FLOOR, BRONX, NY 10458

# EQUAL PAY NOTICE



Department  
of Labor

## Equal Pay Provision of the New York State Labor Law

Article 6, Section 194

Division of Labor Standards

[www.labor.ny.gov](http://www.labor.ny.gov)

§ 194. Differential in rate of pay because of protected class status prohibited.

1. No employee with status within one or more protected class or classes shall be paid a wage at a rate less than the rate at which an employee without status within the same protected class or classes in the same establishment is paid for: (a) equal work on a job the performance of which requires equal skill, effort and responsibility, and which is performed under similar working conditions, or (b) substantially similar work, when viewed as a composite of skill, effort, and responsibility, and performed under similar working conditions; except where payment is made pursuant to a differential based on:
  - (i) a seniority system;
  - (ii) a merit system;
  - (iii) a system which measures earnings by quantity or quality of production; or
  - (iv) a bona fide factor other than status within one or more protected class or classes, such as education, training, or experience. Such factor:
    - (A) shall not be based upon or derived from a differential in compensation based on status within one or more protected class or classes and
    - (B) shall be job-related with respect to the position in question and shall be consistent with business necessity. Such exception under this paragraph shall not apply when the employee demonstrates
      - (1) that an employer uses a particular employment practice that causes a disparate impact on the basis of status within one or more protected class or classes,
      - (2) that an alternative employment practice exists that would serve the same business purpose and not produce such differential, and
      - (3) that the employer has refused to adopt such alternative practice.
2. For the purpose of subdivision one of this section:
  - (a) "business necessity" shall be defined as a factor that bears a manifest relationship to the employment in question, and
  - (b) "protected class" shall include age, race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, disability, predisposing genetic characteristics, familial status, marital status, or domestic violence victim status, and any employee protected from discrimination pursuant to paragraphs

(a), (b), and (c) of subdivision one of section two hundred ninety-six and any intern protected from discrimination pursuant to section two hundred ninety-six-c of the executive law.

3. For the purposes of subdivision one of this section, employees shall be deemed to work in the same establishment if the employees work for the same employer at workplaces located in the same geographical region, no larger than a county, taking into account population distribution, economic activity, and/or the presence of municipalities.
4. (a) No employer shall prohibit an employee from inquiring about, discussing, or disclosing the wages of such employee or another employee.
- (b) An employer may, in a written policy provided to all employees, establish reasonable workplace and workday limitations on the time, place and manner for inquires about, discussion of, or the disclosure of wages. Such limitations shall be consistent with standards promulgated by the commissioner and shall be consistent with all other state and federal laws. Such limitations may include prohibiting an employee from discussing or disclosing the wages of another employee without such employee's prior permission.
- (c) Nothing in this subdivision shall require an employee to disclose his or her wages. The failure of an employee to adhere to such reasonable limitations in such written policy shall be an affirmative defense to any claims made against an employer under this subdivision, provided that any adverse employment action taken by the employer was for failure to adhere to such reasonable limitations and not for mere inquiry, discussion or disclosure of wages in accordance with such reasonable limitations in such written policy.
- (d) This prohibition shall not apply to instances in which an employee who has access to the wage information of other employees as a part of such employee's essential job functions discloses the wages of such other employees to individuals who do not otherwise have access to such information, unless such disclosure is in response to a complaint or charge, or in furtherance of an investigation, proceeding, hearing, or action under this chapter, including an investigation conducted by the employer.
- (e) Nothing in this section shall be construed to limit the rights of an employee provided under any other provision of law or collective bargaining agreement.

For questions, write or call your nearest office, (listed below), of the:

### New York State Department of Labor Division of Labor Standards

#### Albany District

State Office Campus  
Bldg. 12, Rm. 185A  
Albany, NY 12240  
(518) 457-2730

#### Buffalo District

290 Main Street, Rm. 226  
Buffalo, NY 14202

#### New York City District

75 Varick Street, 7th Floor  
New York, NY 10013  
(212) 775-3880

#### Rochester Sub-District

276 Waring Road, Rm. 104  
Rochester, NY 14609

#### Syracuse District

333 East Washington Street, Rm. 121  
Syracuse, NY 13202  
(315) 428-4057

#### White Plains District

120 Bloomingdale Road  
White Plains, NY 10605

#### Garden City District

400 Oak Street, Suite  
101  
Garden City, NY 11530  
(516) 794-8195

## **NOTICE REQUIREMENTS FOR FRINGE BENEFITS AND HOURS**

Section 195.5 of the New York State Labor Law effective December 12, 1981 provides as follows: "Every employer shall notify his employees in writing or by publicly posting the employer's policy on sick leave, vacation, personal leave, holidays and hours."

For written information on your employer's policy on sick leave, vacation, personal leave, holidays and hours can be obtained at:  
(Please advise employees where they may obtain written information on fringe benefits and hours.)

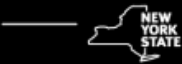
Information regarding this policy can be found in the Employee Handbook. The handbook is available to all employees and is located under the general forms tab on Dayforce.



## NEW YORK CORRECTION LAW ARTICLE 23-A

### NEW YORK CORRECTION LAW ARTICLE 23-A Licensure and Employment of Persons Previously Convicted of One or More Criminal Offenses

**Section 750. Definitions.** **751. Applicability.** **752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** **753. Factors to be considered concerning a previous criminal conviction; presumption.** **754. Written statement upon denial of license or employment.** **755. Enforcement.** **§750. Definitions.** For the purposes of this article, the following terms shall have the following meanings: **(1)** "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission. **(2)** "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons. **(3)** "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question. **(4)** "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm. **(5)** "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency. **§751. Applicability.** The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee. **§752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.** No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless: **(1)** There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or **(2)** the issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public. **§753. Factors to be considered concerning a previous criminal conviction; presumption.** **1.** In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors: **(a)** The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses. **(b)** The specific duties and responsibilities necessarily related to the license or employment sought or held by the person. **(c)** The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities. **(d)** The time which has elapsed since the occurrence of the criminal offense or offenses. **(e)** The age of the person at the time of occurrence of the criminal offense or offenses. **(f)** The seriousness of the offense or offenses. **(g)** Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct. **(h)** The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public. **2.** In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein. **§754. Written statement upon denial of license or employment.** At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial. **§755. Enforcement.** **1.** In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules. **2.** In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

**WE ARE YOUR DOL**Department  
of Labor

# Attention Miscellaneous Industry Employees

Minimum Wage hourly rates effective 12/31/2022 – 12/30/2023

New York City	
Large Employers (11 or more employees)	Small Employers (10 or less employees)
<b>Minimum Wage \$15.00</b>	<b>Minimum Wage \$15.00</b>
Overtime after 40 hours \$22.50	Overtime after 40 hours \$22.50
<b>Tipped workers \$15.00</b>	<b>Tipped workers \$15.00</b>
Overtime after 40 hours \$22.50	Overtime after 40 hours \$22.50

Long Island and Westchester County	Remainder of New York State
<b>Minimum Wage \$15.00</b>	<b>Minimum Wage \$14.20</b>
Overtime after 40 hours \$22.50	Overtime after 40 hours \$21.30
<b>Tipped workers \$15.00</b>	<b>Tipped workers \$14.20</b>
Overtime after 40 hours \$22.50	Overtime after 40 hours \$21.30

If you have questions, need more information or want to file a complaint, please visit  
[www.labor.ny.gov/minimumwage](http://www.labor.ny.gov/minimumwage) or call: **1-888-469-7365**.

**Credits and Allowances** that may reduce your pay below the minimum wage rates shown above:

- **Tips** – Beginning December 31, 2020, your employer must pay the full applicable minimum wage rate, and cannot take any tip credit.
- **Meals and lodging** – Your employer may claim a limited amount of your wages for meals and lodging that they provide to you, as long as they do not charge you anything else. The rates and requirements are set forth in wage orders and summaries, which are available online.

**Extra Pay** you may be owed in addition to the minimum wage rates shown above:

- **Overtime** – You must be paid 1½ times your regular rate of pay (no less than amounts shown above) for weekly hours over 40 (or 44 for residential employees).  
*Exceptions:* Overtime is not required for salaried professionals, or for executives and administrative staff whose weekly salary is more than 75 times the minimum wage rate.
- **Call-in pay** – If you go to work as scheduled and your employer sends you home early, you may be entitled to extra hours of pay at the minimum wage rate for that day.
- **Spread of hours** – If your workday lasts longer than ten hours, you may be entitled to extra daily pay. The daily rate is equal to one hour of pay at the minimum wage rate.
- **Uniform maintenance** – If you clean your own uniform, you may be entitled to additional weekly pay. The weekly rates are available online.

## NO SMOKING NOTICE

# NO SMOKING



Effective July 24, 2003, the amended New York State Clean Indoor Air Act (Public Health Law, Article 13-E) prohibits smoking in virtually all workplaces, including restaurants and bars. The changes in the Act reflect the state's commitment to ensuring that all workers are protected from secondhand smoke. Localities may continue to adopt and enforce local laws regulating smoking. However, these regulations must be at least as strict as the Clean Indoor Air Act.

STATE OF NEW YORK - Department of Health - Antonia C. Novello, M.D., M.P.H., Dr. P.H., Commissioner  
For more information about the Act, call 1-800-458-1158, ext. 2-7600.



## Paid Family Leave STATEMENT OF RIGHTS



**Paid Family  
Leave**

If you need to take time off from work to care for a family member, you may be entitled to paid family leave benefits

**Paid Family Leave is employee-funded insurance that provides job-protected, paid time off to:**

- **BOND** with a newly born, adopted or fostered child;
- **CARE** for a family member with a serious health condition; or
- **ASSIST** loved ones when a spouse, domestic partner, child or parent is called to active military service abroad.

Paid Family Leave may also be available for use in situations when you or your minor dependent child are under an order of quarantine or isolation due to COVID-19. See [PaidFamilyLeave.ny.gov/COVID19](https://PaidFamilyLeave.ny.gov/COVID19) for full details.

### Eligibility:

- Employees with a regular work schedule of 20 or more hours per week are eligible after 26 consecutive weeks of employment.
- Employees with a regular work schedule of less than 20 hours per week are eligible after 175 days worked.

Citizenship or immigration status is not a factor in your eligibility.

### Benefits:

You can take up to 12 weeks of Paid Family Leave and receive 67% of your average weekly wage, capped at 67% of the New York State Average Weekly Wage. Generally, your average weekly wage is the average of your last eight weeks of pay prior to starting Paid Family Leave.

### Rights and Protections:

- **Job Protection:** Return to the same or comparable job after you take leave.
- You keep your **health insurance** while on leave (you may have to continue paying your portion of the premium costs, if any).
- Your employer is **prohibited from discriminating or retaliating** against you for requesting or taking Paid Family Leave.
- You do not have to exhaust sick leave or vacation accruals before using Paid Family Leave.

### Paid Family Leave Request Process:

1. Notify your employer at least 30 days in advance, if foreseeable, or as soon as possible.
2. Complete and submit the *Request for Paid Family Leave (Form PFL-1)* to your employer.
3. Complete and attach the additional forms as required and submit to the insurance carrier listed below within 30 days of starting your leave, to avoid losing benefits.
4. In most cases, the insurance carrier must pay or deny benefits within 18 calendar days of receiving your completed request or your first day of leave, whichever is later.

You may obtain all forms from your employer, their insurance carrier listed below or online at [PaidFamilyLeave.ny.gov/Forms](https://PaidFamilyLeave.ny.gov/Forms).

### Disputes:

If your Paid Family Leave claim is denied, you may request to have the denial reviewed by a neutral arbitrator. The insurance carrier listed below will provide you with information about requesting arbitration.

### Discrimination Complaints:

If your employer terminates your employment, reduces your pay and/or benefits, or disciplines you in any way as a result of you requesting or taking Paid Family Leave, you may request to be reinstated by taking these steps:

1. Complete the *Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119)*.
2. Send your completed form to your employer and a copy of the completed form to:  
Paid Family Leave, P.O. Box 9030, Endicott, NY 13761-9030
3. If your employer does not reinstate you or take other corrective action within 30 days, you may file a discrimination complaint with the Workers' Compensation Board using the *Paid Family Leave Discrimination/Retaliation Complaint (Form PFL-DC-120)*. The Workers' Compensation Board will assemble your case and schedule a hearing.
4. There are other state and federal laws that protect employees from discrimination. Additional information is available at [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov).

For more information, forms and instructions, visit [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov) or call the PFL Helpline (844)-337-6303

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's Paid Family Leave benefits insurance carrier is:

Guardian Life Insurance Company of America, 10 Hudson Yards, New York NY 1000

PRESCRIBED BY THE CHAIR,  
WORKERS' COMPENSATION BOARD  
NYS Paid Family Leave  
PO Box 9030, Endicott NY 13761



## Paid Family Leave

# NOTICE TO EMPLOYEES

Paid Family Leave Insurance  
Coverage Provided by:

Guardian Life Insurance Company of America

INSERT INSURER NAME HERE

Covering Employees of:

YMCA BUFFALO NIAGARA

INSERT EMPLOYER NAME HERE

### Paid Family Leave is insurance that provides job protected paid time off to:

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

### How to File:

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

**Employers should NEVER discriminate or retaliate against anyone who requests or takes Paid Family Leave**

FOR MORE INFORMATION AND HELP:  
Visit **ny.gov/PaidFamilyLeave**  
or call **(844) 337-6303**

*You can get forms to take Paid Family Leave from*

- Your employer,
- The Insurance carrier below, or
- [ny.gov/PaidFamilyLeave](https://ny.gov/PaidFamilyLeave)

INSERT NAME, ADDRESS, AND TELEPHONE NUMBER OF INSURER OR MAIN OFFICE OF AUTHORIZED NEW YORK SELF-INSURER  
Guardian Life Insurance Company of America  
10 Hudson Yards, New York, NY 10001  
800-268-2525

Policy #: 00974131-0000

Effective From: 01/01/2018

To: 12/31/2023

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All eligible New York covered employees

### NOTICE OF COMPLIANCE

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

PFL-120 (11-17)

## RIGHT OF NURSING MOTHERS TO EXPRESS BREAST MILK

### NEW YORK BREASTFEEDING:

**Section 206-c of the New York State Labor Law provides as follows:  
Right of Nursing Mothers to Express Breast Milk.**

An employer shall provide reasonable unpaid break time or permit an employee to express breast milk for her nursing child for up to three years following child birth. The employer shall make reasonable efforts to provide a room or other location, in close proximity to the work area, where an employee can express milk in privacy. No employer shall discriminate in any way against an employee who chooses to express breast milk in the workplace. An employee wishing to avail herself of this benefit is required to give her employer advance notice. Such notice shall preferably be provided to the employer prior to the employee's return to work following the birth of the child in order to allow the employer an opportunity to establish a location and schedule leave time amongst multiple employees if needed.

Rev. 10/08



# YOU HAVE A RIGHT TO KNOW!

**Your employer must inform  
you of the health  
effects and hazards  
of toxic substances  
at your  
worksite.**

**Learn all  
you can  
about toxic  
substances  
on your job.**

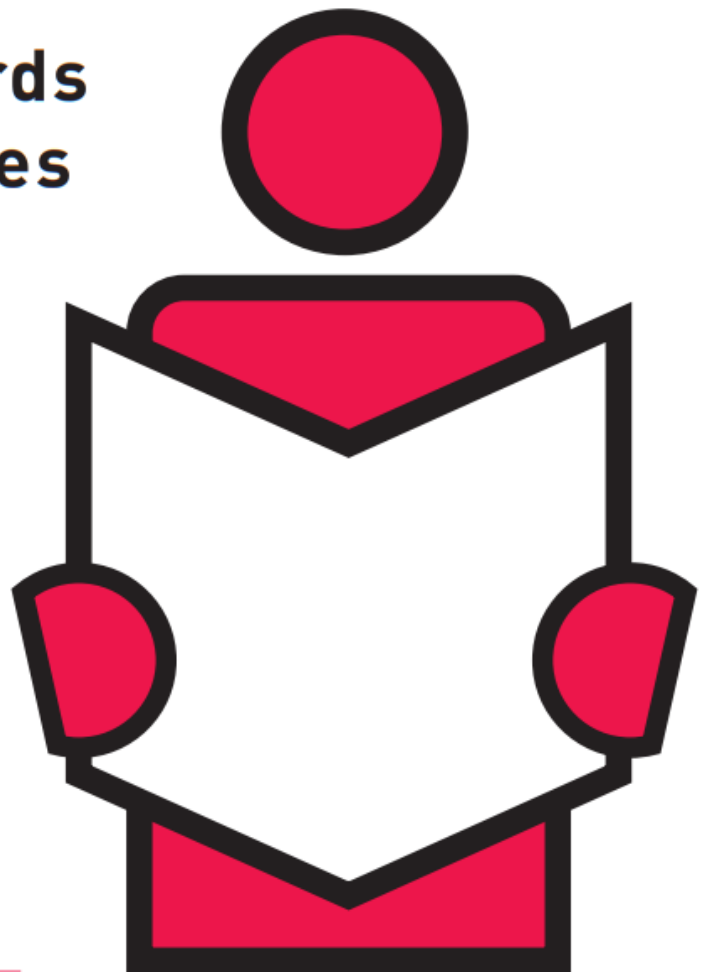
**For more  
information,  
contact:**

**Executive Director**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Location & Phone Number

**THE RIGHT TO KNOW LAW WORKS FOR YOU.**  
NEW YORK STATE DEPARTMENT OF HEALTH



## RIGHT TO VOTE

### ATTENTION ALL EMPLOYEES

#### TIME ALLOWED EMPLOYEES TO VOTE ON ELECTION DAY

N.Y. ELECTION LAW SECTION 3-110<sup>i</sup> STATES THAT:

- IF YOU DO NOT HAVE 4 CONSECUTIVE HOURS TO VOTE, EITHER FROM THE OPENING OF THE POLLS TO THE BEGINNING OF YOUR WORKING SHIFT, OR BETWEEN THE END OF YOUR WORKING SHIFT AND THE CLOSING OF THE POLLS, YOU MAY TAKE OFF UP TO 2 HOURS, WITHOUT LOSS OF PAY, TO ALLOW YOU TIME TO VOTE IF YOU ARE A REGISTERED VOTER.
- YOU MAY TAKE TIME OFF AT THE BEGINNING OR END OF YOUR WORKING SHIFT, AS YOUR EMPLOYER MAY DESIGNATE, UNLESS OTHERWISE MUTUALLY AGREED.
- YOU MUST NOTIFY YOUR EMPLOYER NOT LESS THAN 2 DAYS, BUT NOT MORE THAN 10 DAYS, BEFORE THE DAY OF THE ELECTION THAT YOU WILL TAKE TIME OFF TO VOTE.

<sup>i</sup> Employers: Not less than ten working days before any Election Day, every employer shall post conspicuously in the place of work where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of this law. Such notice shall be kept posted until the close of the polls on Election Day.

Revised 4.14.2020

## **UNEMPLOYMENT INSURANCE**

### **ATTENTION EMPLOYERS NOTICE REGARDING UNEMPLOYMENT INSURANCE**

The New York State unemployment insurance program, which is administered by the State Labor Department, provides immediate, short-term financial protection for people who are out of work through no fault of their own. It is financed by employers through a tax on their payrolls. If you pay compensation to individuals for their services, you may be liable for Unemployment Insurance and Withholding taxes and wage reporting responsibilities. In order to determine if your business is liable for Unemployment Insurance, please contact, 1-800-829-3676. Upon registration, employers (except household employers) will receive a poster, "Notice to Employees", IA 133, which informs their workers that their jobs are protected by unemployment insurance. It must be posted where it may easily be seen by employees. Additional copies may be obtained by contacting the nearest Unemployment Insurance Tax Services Office or the Department of Labor, Registration Subsection at 518-457-4179.



Division of Labor Standards  
Harriman State Office Campus  
Building 12, Albany, NY 12226



## **Notice of Employee Rights, Protections, and Obligations Under Labor Law Section 740**

**Prohibited Retaliatory Personnel Action by Employers  
Effective January 26, 2022**

§ 740. Retaliatory action by employers; prohibition.

1. Definitions. For purposes of this section, unless the context specifically indicates otherwise:

- (a) "Employee" means an individual who performs services for and under the control and direction of an employer for wages or other remuneration, including former employees, or natural persons employed as independent contractors to carry out work in furtherance of an employer's business enterprise who are not themselves employers.
- (b) "Employer" means any person, firm, partnership, institution, corporation, or association that employs one or more employees.
- (c) "Law, rule or regulation" includes: (i) any duly enacted federal, state or local statute or ordinance or executive order; (ii) any rule or regulation promulgated pursuant to such statute or ordinance or executive order; or (iii) any judicial or administrative decision, ruling or order.
- (d) "Public body" includes the following:
  - (i) the United States Congress, any state legislature, or any elected local governmental body, or any member or employee thereof;
  - (ii) any federal, state, or local court, or any member or employee thereof, or any grand or petit jury;
  - (iii) any federal, state, or local regulatory, administrative, or public agency or authority, or instrumentality thereof;
  - (iv) any federal, state, or local law enforcement agency, prosecutorial office, or police or peace officer;
  - (v) any federal, state or local department of an executive branch of government; or
  - (vi) any division, board, bureau, office, committee, or commission of any of the public bodies described in subparagraphs (i) through (v) of this paragraph.
- (e) "Retaliatory action" means an adverse action taken by an employer or his or her agent to discharge, threaten, penalize, or in any other manner discriminate against any employee or former employee exercising his or her rights under this section, including (i) adverse employment actions or threats to take such adverse employment actions against an employee in the terms of conditions of employment including but not limited to discharge, suspension, or demotion; (ii) actions or threats to take such actions that would adversely impact a former employee's current or future employment; or (iii) threatening to contact or contacting United States immigration authorities or otherwise reporting or threatening to report an employee's suspected citizenship or immigration status or the suspected citizenship or immigration status of an employee's family or household member, as defined in subdivision two of section four hundred fifty-nine-a of the social services law, to a federal, state, or local agency.

**To Be Posted Conspicuously in easily accessible and well-lighted places  
customarily frequented by employees and applicants for employment.**

- (f) "Supervisor" means any individual within an employer's organization who has the authority to direct and control the work performance of the affected employee; or who has managerial authority to take corrective action regarding the violation of the law, rule or regulation of which the employee complains.
2. Prohibitions. An employer shall not take any retaliatory action against an employee, whether or not within the scope of the employee's job duties, because such employee does any of the following:
- (a) discloses, or threatens to disclose to a supervisor or to a public body an activity, policy or practice of the employer that the employee reasonably believes is in violation of law, rule or regulation or that the employee reasonably believes poses a substantial and specific danger to the public health or safety;
  - (b) provides information to, or testifies before, any public body conducting an investigation, hearing or inquiry into any such activity, policy or practice by such employer; or
  - (c) objects to, or refuses to participate in any such activity, policy or practice.
3. Application. The protection against retaliatory action provided by paragraph (a) of subdivision two of this section pertaining to disclosure to a public body shall not apply to an employee who makes such disclosure to a public body unless the employee has made a good faith effort to notify his or her employer by bringing the activity, policy or practice to the attention of a supervisor of the employer and has afforded such employer a reasonable opportunity to correct such activity, policy or practice. Such employer notification shall not be required where:
- (a) there is an imminent and serious danger to the public health or safety;
  - (b) the employee reasonably believes that reporting to the supervisor would result in a destruction of evidence or other concealment of the activity, policy or practice;
  - (c) such activity, policy or practice could reasonably be expected to lead to endangering the welfare of a minor;
  - (d) the employee reasonably believes that reporting to the supervisor would result in physical harm to the employee or any other person; or
  - (e) the employee reasonably believes that the supervisor is already aware of the activity, policy or practice and will not correct such activity, policy or practice.
4. Violation; remedy.
- (a) An employee who has been the subject of a retaliatory action in violation of this section may institute a civil action in a court of competent jurisdiction for relief as set forth in subdivision five of this section within two years after the alleged retaliatory action was taken.
  - (b) Any action authorized by this section may be brought in the county in which the alleged retaliatory action occurred, in the county in which the complainant resides, or in the county in which the employer has its principal place of business. In any such action, the parties shall be entitled to a jury trial.
  - (c) It shall be a defense to any action brought pursuant to this section that the retaliatory action was predicated upon grounds other than the employee's exercise of any rights protected by this section.
5. Relief. In any action brought pursuant to subdivision four of this section, the court may order relief as follows:
- (a) an injunction to restrain continued violation of this section;
  - (b) the reinstatement of the employee to the same position held before the retaliatory action, or to an equivalent position, or front pay in lieu thereof;
  - (c) the reinstatement of full fringe benefits and seniority rights;

**To Be Posted Conspicuously in easily accessible and well-lighted places  
customarily frequented by employees and applicants for employment.**

- (d) the compensation for lost wages, benefits and other remuneration;
  - (e) the payment by the employer of reasonable costs, disbursements, and attorney's fees;
  - (f) a civil penalty of an amount not to exceed ten thousand dollars; and/or
  - (g) the payment by the employer of punitive damages, if the violation was willful, malicious or wanton.
6. Employer relief. A court, in its discretion, may also order that reasonable attorneys' fees and court costs and disbursements be awarded to an employer if the court determines that an action brought by an employee under this section was without basis in law or in fact.
7. Existing rights. Nothing in this section shall be deemed to diminish the rights, privileges, or remedies of any employee under any other law or regulation or under any collective bargaining agreement or employment contract.
8. Publication. Every employer shall inform employees of their protections, rights and obligations under this section, by posting a notice thereof. Such notices shall be posted conspicuously in easily accessible and well-lighted places customarily frequented by employees and applicants for employment.



# WORKERS' COMPENSATION NOTICE

Employers must obtain and keep in effect workers' compensation coverage for their employees; there must be no lapse in coverage even when switching insurance carriers. The law requires almost all employers operating in New York State to have workers' compensation and disability coverage for their employees. This requirement can be fulfilled by purchasing insurance coverage through an insurance carrier or by obtaining authorization from the Board to be self-insured.

**Employers must post a notice of workers' compensation coverage and employee rights.** This notice is in a form prescribed by the Workers' Compensation Board. Employers obtain the notice from their insurance carrier or, if self-insured, from the Board. The notice includes the name and address of the insurance carrier and the policy number of the employer. It must be posted in a conspicuous place in the employer's place of business. Violations of this requirement can result in a fine of up to \$250 per violation.



Workers'  
Compensation  
Board

## STATEMENT OF RIGHTS NEW YORK STATE DISABILITY BENEFITS

### **IF YOU ARE UNABLE TO WORK BECAUSE OF A NON-OCCUPATIONAL ILLNESS OR INJURY, YOU MAY BE ENTITLED TO DISABILITY BENEFITS**

1. Your employer is required by law to provide for the payment of disability benefits to his/her employees.
2. Statutory disability benefits are payable for any non-work related injury or illness (including disability due to pregnancy) beginning with the 8th consecutive day of disability. Benefits are payable for up to 26 weeks. The total amount of combined paid family and disability leave an employee may take in a 52 consecutive week period may not exceed 26 weeks. Benefit payments are based on your average weekly wages for the eight weeks immediately prior to your disability, and are subject to the maximum allowable by the law in effect on the initial day of disability. Your employer or union may provide for different benefits which are at least as favorable as statutory benefits under an approved Disability Benefits Plan or Agreement.
3. TO CLAIM BENEFITS you should file written notice and proof of disability (Claim Form DB-450) with your employer or the insurance carrier named below within 30 days from the first day of your disability, or all or part of your claim may be rejected. In no event should you wait more than 26 weeks from that date to file a claim. You may obtain Form DB-450 from your employer, its insurance carrier, your health care provider or by contacting the Workers' Compensation Board. (See address and telephone number below.) **Do not** assume that your employer has filed a claim on your behalf; **claim filing is your responsibility.**
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. Unlike workers' compensation, your medical bills will **not** be paid by your employer or the insurance carrier, unless your employer and/or union provides for the payment of medical bills under an approved Disability Benefits Plan or Agreement.
5. Disability benefits are to be paid **directly** to you by the insurance carrier, **not through your employer**, unless your employer is an approved self-insurer.
6. **If your employer or the insurance carrier contends that you are not entitled to the payment of disability benefits, they are required to send you a Notice of Rejection, within 45 days of the filing of your claim, telling you the reasons benefits are not being paid. If you disagree with their rejection, you have a legal right to request a review of the rejection by the Workers' Compensation Board. IMPORTANT: If within 45 days of filing your claim you do not receive benefits and do not receive a Notice of Rejection (Form DB-451), promptly contact the Workers' Compensation Board at the telephone number below.**
7. **If your disability is the result of an automobile accident** and you have filed a claim for no-fault benefits, you must also file a claim (Form DB-450) for disability benefits. **If you do not file for disability benefits, the no-fault insurer may reduce your no-fault payments. IMPORTANT: In such cases, if you are not entitled to disability benefits, immediately advise the no-fault insurance carrier.**
8. Your employer may not ask you to waive your right to disability benefits nor may your employer deduct more than 60 cents a week (unless the additional contribution is part of an approved plan) from your pay to contribute to the payment of disability benefits insurance premiums. **You cannot be discharged or discriminated against for filing a claim for disability benefits.**

**IF YOU HAVE DIFFICULTY IN OBTAINING A CLAIM FORM OR NEED HELP IN FILLING IT OUT, OR IF YOU HAVE ANY OTHER QUESTIONS OR PROBLEMS ABOUT A NON-WORK RELATED INJURY OR ILLNESS, CONTACT ANY OFFICE OF THE WORKERS' COMPENSATION BOARD.**

This information is a simplified presentation of your rights as required by Section 229 of the Disability and Paid Family Leave Benefits Law. Your employer's disability benefits insurance carrier is:

The Guardian Life Insurance Co  
116 John St., NY NY 10038  
Tel: (212) 964-4858 Fax: (212) 608-6473  
Toll Free: (800) 342-6675

**Prescribed by the Chair,  
Workers' Compensation Board**

**DB-271S (8-21)**

Workers' Compensation Board, Disability Benefits Bureau, PO Box 9029, Endicott, NY 13761-9029

Customer Service: (877) 632-4996 • [www.wcb.ny.gov](http://www.wcb.ny.gov)

THIS AGENCY EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION



Guardian Life Insurance Company of America

YMCA BUFFALO NIAGARA

STATE OF NEW YORK  
WORKERS' COMPENSATION BOARD  
**NOTICE OF COMPLIANCE**  
New York State Disability Benefits

**Disability Benefits For Employees**

1. If you are unable to work because of an illness or injury, not work-related, you may be entitled to receive weekly benefits from your employer, his or her insurance carrier, or from the Special Fund for Disability Benefits.
2. To claim benefits you must file a claim form within 30 days from the first date of your disability, but in no event more than 26 weeks from such date.
3. Complete claim form DB-450 (Notice and Proof of Claim for Disability Benefits)  
You may obtain the form from your employer, his or her insurance carrier, your health provider, any Unemployment Insurance Office, the Workers' Compensation Board's website ([www.wcb.ny.gov](http://www.wcb.ny.gov)) or any office of the Board.  
**IMPORTANT:** Before filing your claim, your health provider must complete the "Health Care Provider's Statement" on the form showing your period of disability.
  - If you are employed, or have been unemployed for four weeks or less when your disability begins, send the completed form to your employer or the insurance carrier named below.
  - If you have been unemployed more than four weeks when your disability begins, send the completed form to the Workers' Compensation Board, Disability Benefits Bureau, 328 State Street, Schenectady, New York 12305.
4. You are entitled to be treated by any physician, chiropractor, dentist, nurse-midwife, podiatrist or psychologist of your choice. However, unlike workers' compensation, your medical bills will not be paid unless your employer and/or union provide for the payment of such bills under a Disability Benefits Plan or Agreement.
5. If you are ill or injured during the time you are receiving Unemployment Insurance Benefits, file a claim for Disability Benefits as soon as you sustain the injury or illness, by following the instructions outlined above.
6. If you are out of work in excess of seven days, your employer is required to send you a Disability Benefits Statement of Rights (Form DB-271S).
7. You may not take disability benefits at the same time as paid family leave benefits. The total amount of disability and paid family leave in a 52 week period cannot exceed 26 weeks.
8. Other information about disability benefits may be obtained by writing or calling the Workers' Compensation Board.

Guardian Life Insurance Company of America  
10 Hudson Yards  
New York, NY 10001  
800-268-2525

Policy #: 00974131-0000

Effective From: 01/01/2008

To: 12/31/2023

☒ Statutory ☐ Under a Plan or Agreement

Class(es) of Employees Covered:

All eligible New York covered employees

NYS Workers' Compensation Board  
Customer Service: (877) 632-4996  
[www.wcb.ny.gov](http://www.wcb.ny.gov)

**PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD**  
**THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.**  
Employers must post DB-120 so that all classes of their employees know who will pay their benefits.

DB-120 (11-17)

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION



# STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

ESTADO DE NUEVA YORK - JUNTA DE COMPENSACION OBRERA

## NOTICE OF COMPLIANCE TO EMPLOYEES

### IMPORTANT INFORMATION FOR EMPLOYEES WHO ARE INJURED OR SUFFER AN OCCUPATIONAL DISEASE WHILE WORKING.

1. By posting this notice and information concerning your rights as an injured worker, your employer is in compliance with the Workers' Compensation Law.
2. If you do not notify your employer within 30 days of the date of your injury your claim may be disallowed, so do so immediately.
3. You are entitled to obtain any necessary medical treatment and should do so immediately.
4. You may choose any doctor, podiatrist, chiropractor or psychologist referred by a medical doctor that accepts NY State Workers' Compensation patients and is Board authorized. However, if your employer is involved in a certified preferred provider organization (PPO) you must first be treated by a provider chosen by your employer and your employer must give you a written statement of your rights concerning further medical care.
5. You should tell your doctor to file copies of medical reports concerning your claim with the Workers' Compensation Board and with your employer's insurance company, which is indicated at the bottom of this form.
6. You may be entitled to lost time benefits if your work-related injury keeps you from work for more than seven days, compels you to work at lower wages or results in permanent disability to any part of your body. You may be entitled to rehabilitation services if you need help returning to work.
7. You should not pay any medical providers directly. They should send their bills to your employer's insurance carrier. If there is a dispute, the provider must wait until the Board makes a decision before it attempts to collect payment from you. If you do not pursue your claim or the Board rules that your injury is not work-related, you may be responsible for the payment of the bills.
8. You are entitled to be represented by an attorney or licensed representative, but it is not required. If you do hire a representative do not pay him/her directly. Any fee will be set by the Board and will be deducted from your award.
9. If you have difficulty in obtaining a claim form or need help in filling it out, or if you have any other questions or problems about a job-related injury, contact any office of the Workers' Compensation Board.

**NYS Workers' Compensation Board**  
**Centralized Mailing**  
**PO Box 5205**  
**Binghamton, NY 13902-5205**

**Customer Service Line: 877-632-4996**

## AVISO DE CUMPLIMIENTO A EMPLEADOS

### INFORMACION IMPORTANTE PARA EMPLEADOS QUE SEAN LESIONADOS O SUFRAN UNA ENFERMEDAD OCUPACIONAL MIENTRAS TRABAJAN.

1. Su patrono está cumpliendo la Ley de Compensación Obrera cuando despliega este comunicado concerniente a sus derechos como trabajador lesionado.
2. Si usted no notifica a su patrono dentro del término de 30 días de haber sufrido su lesión su reclamación podría ser desestimada, por eso notifique inmediatamente.
3. Usted tiene derecho a recibir cualquier tratamiento médico necesario relacionado con su lesión y debe gestionarlo inmediatamente.
4. Para el tratamiento de cualquier lesión o enfermedad relacionada con el trabajo, usted puede escoger cualquier médico, podiatra, quiropráctico ó psicólogo (si es referido por un médico autorizado) que esté autorizado y acepte pacientes de la Junta de Compensación Obrera. Sin embargo, si su patrono está autorizado a participar en una organización certificada de proveedores preferidos (PPO), usted deberá obtener tratamiento inicial para cualquier lesión o enfermedad relacionada con el trabajo de la correspondiente entidad. Patronos que participen en cualquiera de estos programas establecidos por ley están obligados a proveer a sus empleados notificación escrita explicando sus derechos y obligaciones bajo el programa a que esté acogido.
5. Usted deberá requerir de su Médico que radique copias de los informes médicos de su caso en la Junta de Compensación Obrera y en la compañía de seguros de su patrono, que se indica al final de esta forma.
6. Usted tiene derecho a compensación si su lesión relacionada con el trabajo le impide trabajar por más de siete días, le obliga a trabajar a sueldo más bajo ó resulta en incapacidad permanente de cualquier parte de su cuerpo. Usted puede tener derecho a servicios de rehabilitación si necesita ayuda para regresar al trabajo.
7. No pague a ningún proveedor médico directamente por tratamiento de su lesión o enfermedad relacionada con el trabajo. Ellos deben enviar sus facturas al asegurador de su patrono. Si el caso es cuestionado, el proveedor deberá esperar hasta que la Junta decida el caso, antes de iniciar gestión de cobro alguna contra usted. Si usted no tramita su caso ó la Junta falla que su lesión o enfermedad no está relacionada con el trabajo, usted podría ser responsable del pago de las facturas.
8. No es obligatorio el estar representado en ninguno de los procedimientos de la Junta, pero es un derecho que usted tiene, el estar representado por abogado ó por representante licenciado si usted así lo desea. Si es representado, no pague al abogado ó al representante licenciado. Cuando la Junta decida su caso, los honorarios serán determinados por la Junta y descontados de sus beneficios.
9. Si tiene dificultad en conseguir un formulario de reclamación o necesita ayuda para llenarlo ó tiene dudas sobre cualquier situación relacionada con una lesión o enfermedad comuníquese con la oficina mas cercana de la Junta.

Clarisse Rodriguez

**CHAIR/PRESIDENTE**  
**Workers' Compensation Board**

Workers' Compensation benefits, when due, will be paid by (Los beneficios de Compensación Obrera, cuando debidos, serán pagados por):

Name, address and telephone number of licensed insurance carrier, authorized group self-insurer or main office of authorized self-insurer

C/O AmTrust North America, P.O. Box 6935, Cleveland, OH 44101, Tel: 888-239-3909, Toll Free

For Insurance Carriers ONLY: Policy No

SWC1420688

Policy in Force from

to

12/1/2022 12/1/2023

Name of employer (Nombre del patrono)

Young Men's Christian Association Buffalo Niagara

### THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.

Failure by an employer to post this notice in and about the employer's place or places of business may result in a \$250 penalty for each violation.

C-105 (9-17)

Workers' Compensation Board  
Prescribed by Chairman State  
New York

www.wcb.ny.gov

## Deductions from Wages Notice

Division of Labor Standards  
Harriman State Office Campus  
Building 12, Albany, NY 12240



### Deductions from Wages

#### Section 193 of the New York State Labor Law

##### **§ 193. Deductions from wages.**

1. No employer shall make any deduction from the wages of an employee, except deductions which:

- a) are made in accordance with the provisions of any law or any rule or regulation issued by any governmental agency including regulations promulgated under paragraph c and paragraph d of this subdivision; or
- b) are expressly authorized in writing by the employee and are for the benefit of the employee, provided that such authorization is voluntary and only given following receipt by the employee of written notice of all terms and conditions of the payment and/or its benefits and the details of the manner in which deductions will be made. Whenever there is a substantial change in the terms or conditions of the payment, including but not limited to, any change in the amount of the deduction, or a substantial change in the benefits of the deduction or the details in the manner in which deductions shall be made, the employer shall, as soon as practicable, but in each case before any increased deduction is made on the employee's behalf, notify the employee prior to the implementation of the change. Such authorization shall be kept on file on the employer's premises for the period during which the employee is employed by the employer and for six years after such employment ends. Notwithstanding the foregoing, employee authorization for deductions under this section may also be provided to the employer pursuant to the terms of a collective bargaining agreement. Such authorized deductions shall be limited to payments for:
  - (i) insurance premiums and prepaid legal plans;
  - (ii) pension or health and welfare benefits;
  - (iii) contributions to a bona fide charitable organization;
  - (iv) purchases made at events sponsored by a bona fide charitable organization affiliated with the employer where at least twenty percent of the profits from such event are being contributed to a bona fide charitable organization;
  - (v) United States bonds;
  - (vi) dues or assessments to a labor organization;
  - (vii) discounted parking or discounted passes, tokens, fare cards, vouchers, or other items that entitle the employee to use mass transit;
  - (viii) fitness center, health club, and/or gym membership dues;
  - (ix) cafeteria and vending machine purchases made at the employer's place of business and purchases made at gift shops operated by the employer, where the employer is a hospital, college, or university;
  - (x) pharmacy purchases made at the employer's place of business;
  - (xi) tuition, room, board, and fees for pre-school, nursery, primary, secondary, and/or post-secondary educational institutions;
  - (xii) day care, before-school and after-school care expenses;
  - (xiii) payments for housing provided at no more than market rates by non-profit hospitals or affiliates thereof; and
  - (xiv) similar payments for the benefit of the employee.



- c) are related to recovery of an overpayment of wages where such overpayment is due to a mathematical or other clerical error by the employer. In making such recoveries, the employer shall comply with regulations promulgated by the commissioner for this purpose, which regulations shall include, but not be limited to, provisions governing: the size of overpayments that may be covered by this section; the timing, frequency, duration, and method of such recovery; limitations on the periodic amount of such recovery; a requirement that notice be provided to the employee prior to the commencement of such recovery; a requirement that the employer implement a procedure for disputing the amount of such overpayment or seeking to delay commencement of such recovery; the terms and content of such a procedure and a requirement that notice of the procedure for disputing the overpayment or seeking to delay commencement of such recovery be provided to the employee prior to the commencement of such recovery.
  - d) repayment of advances of salary or wages made by the employer to the employee. Deductions to cover such repayments shall be made in accordance with regulations promulgated by the commissioner for this purpose, which regulations shall include, but not be limited to, provisions governing: the timing, frequency, duration, and method of such repayment; limitations on the periodic amount of such repayment; a requirement that notice be provided to the employee prior to the commencement of such repayment; a requirement that the employer implement a procedure for disputing the amount of such repayment or seeking to delay commencement of such repayment; the terms and content of such a procedure and a requirement that notice of the procedure for disputing the repayment or seeking to delay commencement of such repayment be provided to the employee at the time the loan is made.
2. Deductions made in conjunction with an employer sponsored pre-tax contribution plan approved by the IRS or other local taxing authority, including those falling within one or more of the categories set forth in paragraph b of subdivision one of this section, shall be considered to have been made in accordance with paragraph a of subdivision one of this section.
3. a. No employer shall make any charge against wages, or require an employee to make any payment by separate transaction unless such charge or payment is permitted as a deduction from wages under the provisions of subdivision one of this section or is permitted or required under any provision of a current collective bargaining agreement.
- b. Notwithstanding the existence of employee authorization to make deductions in accordance with subparagraphs (iv), (ix), and (x) of paragraph b of subdivision one of this section and deductions determined by the commissioner to be similar to such deductions in accordance with subparagraph (xiv) of paragraph b of subdivision one of this section, the total aggregate amount of such deductions for each pay period shall be subject to the following limitations: (i) such aggregate amount shall not exceed a maximum aggregate limit established by the employer for each pay period; (ii) such aggregate amount shall not exceed a maximum aggregate limit established by the employee, which limit may be any amount (in ten dollar increments) up to the maximum amount established by the employer under subparagraph (i) of this paragraph; (iii) the employer shall not permit any purchases within these categories of deduction by the employee that exceed the aggregate limit established by the employee or, if no limit has been set by the employee, the limit set by the employer; (iv) the employee shall have access within the workplace to current account information detailing individual expenditures within these categories of deduction and a running total of the amount that will be deducted from the employee's pay during the next applicable pay period. Information shall be available in printed form or capable of being printed should the employee wish to obtain a listing. No employee may be charged any fee, directly or indirectly, for access to, or printing of, such account information.
- c. With the exception of wage deductions required or authorized in a current existing collective bargaining agreement, an employee's authorization for any and all wage deductions may be revoked in writing at any time. The employer must cease the wage deduction for which the employee has revoked authorization as soon as practicable, and, in no event more than four pay periods or eight weeks after the authorization has been withdrawn, whichever is sooner.
4. Nothing in this section shall justify noncompliance with article three-A of the personal property law relating to assignment of earnings, with section two hundred twenty-one of this chapter relating to company stores or with any other law applicable to deductions from wages





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **YMCA BUFFALO NIAGARA**

### **NOTICE OF ELECTRONIC MONITORING**

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Effective May 7, 2022, NYS requires all private employers to provide notice to employees of the employer's right to monitor the electronic communications of its employees (Bill #4586A). This notice is being provided to all employees in response to the State's notification requirements.

YMCA Buffalo Niagara reserves the right to record and monitor communications in a variety of forms, including those sent and received by employees on all of the Association's electronic methods of communication, to include but not be limited to telephone calls (sending and receiving), emails (sending and receiving), intranet communications (sending and receiving), other forms of communication open to the public (ie; Twitter, Facebook, LinkedIn, Instagram, etc.), web searches, website contacts, photo security, key fob and key access times and dates, and any other form of electronic communication that could have implications for the Association and its business practices and compliance.

In furtherance of this State requirement, YMCA Buffalo Niagara will take appropriate action against an employee or employees who violate any and all practices associated with the sending and receiving of electronic communications.

Address any questions to:

Deb Schaper, Vice President of Human Resources and Leadership Development  
[dschaper@ymcabn.org](mailto:dschaper@ymcabn.org)  
716-565-6000

## Sexual Harassment Prevention Policy Notice



Combating  
Sexual Harassment

### **Sexual harassment is against the law.**

All employees have a legal right to a workplace free from sexual harassment, and YMCA Buffalo Niagara is committed to maintaining a workplace free from sexual harassment.

Per New York State Law, YMCA Buffalo Niagara has a sexual harassment prevention policy in place that protects you. This policy applies to all employees, paid or unpaid interns and non-employees in our workplace, regardless of immigration status. You are receiving this notice as required by law, either at the time of hiring or annually thereafter.

If you believe you have been subjected to or witnessed sexual harassment, you are encouraged to report the harassment to a supervisor, manager, director or the HR Department at the Association Office so we can take action.

**Our complete policy may be found in the Employee Handbook and is available to download/print on the Forms page on Dayforce.**

**Our complaint form may be found in the Employee Handbook and is available to download/print on the Forms page on Dayforce.**

**You may contact the HR Department at (716) 565- 6000 for a copy of our training materials.**

**If you have questions and to make a complaint, please contact:**

Human Resources Department  
YMCA Buffalo Niagara Association Office  
301 Cayuga Road, Suite 100  
Buffalo, NY 14225

716-565-6000

For more information and additional resources, please visit:

**[www.ny.gov/programs/combating-sexual-harassment-workplace](http://www.ny.gov/programs/combating-sexual-harassment-workplace)**



## VETERAN BENEFITS AND SERVICES

The following resources and hotlines are available at no-cost to help veterans understand their rights, protections, benefits, and accommodations:

[dol.ny.gov/veteran-benefits-and-services](https://dol.ny.gov/veteran-benefits-and-services)

### MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES

*All calls and texts are free and confidential*

#### U.S. Department of Veterans Affairs Veterans Crisis

**Line:** [www.veteranscrisisline.net](http://www.veteranscrisisline.net)

Call: 988, press 1      Text: 838255

**Suicide and Crisis Lifeline:** [www.veteranscrisisline.net](http://www.veteranscrisisline.net)

Call: 988      Text: 988

#### Crisis Textline:

Text: 741741      Chat: [crisistextline.org](https://crisistextline.org)

**NYS Office of Mental Health (OMH):**

[www.omh.ny.gov](http://www.omh.ny.gov)

**NYS Office of Addiction Services and Supports**

**(OASAS):** [www.oasas.ny.gov/hopeline](http://www.oasas.ny.gov/hopeline)

Call: 1-877-8-HOPENY (467469)

Text: HOPENY (467369)

### TAX BENEFITS

#### NYS Department of Tax and Finance

- Information for military personnel and veterans:  
[tax.ny.gov/pit/file/military\\_page.htm](https://tax.ny.gov/pit/file/military_page.htm)
- Property tax exemptions:  
[tax.ny.gov/pit/property/exemption/vetexempt.htm](https://tax.ny.gov/pit/property/exemption/vetexempt.htm)

### EDUCATION, WORKFORCE, AND TRAINING RESOURCES

#### Veteran Readiness and Employment

**(VR&E) Program:** [www.benefits.va.gov/vocrehab](http://www.benefits.va.gov/vocrehab)

#### New York State Civil Service Credits

**for Veterans Program:** [www.cs.ny.gov](http://www.cs.ny.gov)

### ADDITIONAL RESOURCES

#### NYS Domestic and Sexual Violence Hotline:

Call: 800-942-6906 Text: 844-997-2121

#### NYS Workplace Sexual Harassment Hotline:

Call: 1-800-HARASS-3

#### NYS Department of Motor Vehicles:

- Veteran Status Designation Photo Document:  
[dmv.ny.gov/more-info/veteran-status-designation-photo-document](https://dmv.ny.gov/more-info/veteran-status-designation-photo-document)
- Veteran License Plate:  
[dmv.ny.gov/plates/military-and-veterans](https://dmv.ny.gov/plates/military-and-veterans)

### LEGAL SERVICES

**Veterans Treatment Courts (VTC):** [ww2.nycourts.gov/courts/problem\\_solving/vet/courts.shtml](http://ww2.nycourts.gov/courts/problem_solving/vet/courts.shtml)

Email: [ProblemSolving@courts.state.ny.us](mailto:ProblemSolving@courts.state.ny.us)

**NYS Defenders Association Veteran Defense Program:**

[www.nysda.org/page/AboutVDP](http://www.nysda.org/page/AboutVDP)

### NEW YORK STATE DIVISION OF VETERANS' SERVICES

Website: [veterans.ny.gov](http://veterans.ny.gov)

Help Line: 1-888-838-7697

Email: [DVSInfo@veterans.ny.gov](mailto:DVSInfo@veterans.ny.gov)

Services: Legal, education, employment and volunteer, financial, health care, and more.

### NEW YORK STATE DEPARTMENT OF LABOR VETERANS' PROGRAM

Website: [dol.ny.gov/services-veterans](https://dol.ny.gov/services-veterans)

Help Line: 1-888-469-7365

Email: [Ask.Vets@labor.ny.gov](mailto:Ask.Vets@labor.ny.gov)

Services: Workforce and training resources, unemployment insurance, the Experience Counts program, and more.



**Division of  
Veterans' Services**

**WE ARE YOUR DOL**



**Department  
of Labor**



# c&fsEAP

Employee Assistance Program

Buffalo/Erie County:  
(716) 681-4300  
Outside of Erie County:  
(800) 888-4162



- ✓ 100% Confidential
- ✓ No Cost to You—pre-paid by your employer
- ✓ Benefits may be used by anyone in your household

## Counseling

*Face to face appointments  
with an EAP counselor*

- Individual, couples or family counseling
- Up to 4 sessions per concern
- Day and evening appointments available
- Many convenient locations
- Referrals to other professionals and community resources

## Work-Life Services

*Consultation and referral assistance  
for work-life concerns*

- Nutrition Services
- Financial Services
- Smoking Cessation
- Child Care Consultation
- Elder Care Consultation
- Legal Consultation
- Mediation and Conflict Resolution

## 24/7 Crisis Counseling Hotline

# YOU'RE HERE FOR WORK, WE'RE HERE FOR YOU.

Life  
doesn't  
stop for  
work.  
EAP helps you  
and your  
employees  
manage both.



**EMPLOYEE SUPPORT:**  
Anyone who plays a role in HR knows that some problems don't have easy fixes. Mental health challenges, addiction, financial distress, loss and other traumas affect your employees every day. EAP provides direct intervention- Fast.



**SUPERIOR SERVICE:**  
Our Master's level clinicians provide the highest quality of care, and our community partners are established and respected. Whether delivering direct care, seminars, training, consultation, or policy support- we're committed to excellence.



**YOUR LOCAL RESOURCE:**  
We understand the importance of comfort and convenience. As your neighbors, we connect you to local and accessible supports right here in Western New York.

EAP.cfsbny.org  
716.681.4300

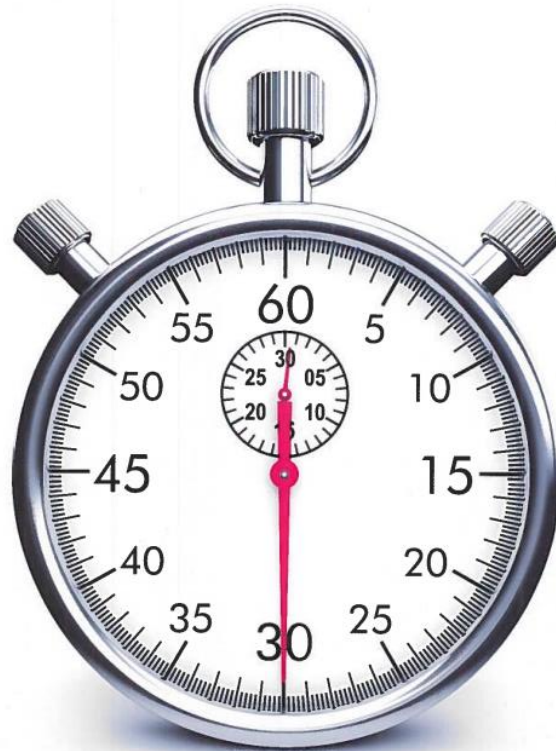
2495 Main Street  
Suite 357  
Buffalo, NY 14214

**c&fs EAP**  
Employee Assistance Program





# NOW IS THE TIME TO START SAVING



Speak to your HR representative to open a  
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